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ABSTRACT

This document considers the usefulness of adventure-based counseling in facilitating recovery from rape. It begins with a brief introduction to this concept and a literature review examining reactions to rape trauma; traditional interventions and implications; and adventure-based counseling interventions. This section concludes that since fear and trust are key issues that rape survivors grapple with during their adjustment, adventure-based counseling, which focuses on the challenges presented by elements of unfamiliarity and risk, may be an appropriate intervention technique. The next section presents a proposed study designed to ascertain the effects of an adventure-based counseling intervention on a group of rape survivors. A variety of issues, instruments, and research designs are considered. Recruitment and screening issues are addressed. A program outline is described and the response to the study proposal of the institutional review board is discussed. Modifications to the original design and problems encountered are described. The next section focuses, not on the proposed study, but on an ideal study of a women's empowerment group. As in the section on the proposed study, this section on an ideal study considers instruments, study designs, and the program outline. It goes on to speculate on likely outcomes of the program. The next section considers future research directions for adventure-based counseling interventions. Practical implications are addressed in the areas of counseling and exercise psychology. (NB)

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Adventure-based Counseling: An Alternative Therapeutic Approach for Working with Rape Survivors

S. C. Nassar

The University of North Carolina at Greensboro

Paper presented at the meeting of the Southeast Sport and Exercise Psychology Symposium, Greensboro, North Carolina (1993).

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Introduction

For many years, rape was ignored by pioneers of the social sciences (Brownmiller, 1975). Although often referred to as sexual assault, this broader concept includes not only rape but sexual abuse and domestic violence. Victims of these three experiences suffer similar trauma and reactions, and the commonality in all three is that sexual assault is an act of violence. This author will focus specifically upon victims of rape, who will henceforth be referred to as survivors. Further, although both women and men can be raped, most survivors are women. In this paper therefore, the pronoun she will be used in reference to survivors.

The term rape is of Latin origin, meaning to steal or to seize away. It was generally used in the context of a man stealing a wife, which was considered not only acceptable but appropriate behavior (Warner, 1980). Contemporary definitions are often related to legal terminology, and therefore vary widely among states. A general Webster's dictionary definition most likely encompasses a diverse range of others: "The crime of having sexual intercourse with a woman or girl forcibly and without her consent." Although the crime of rape

involves a sexual act, it is not a crime of sex nor of passion. It is a crime of violence and aggression, one in which the penis is used as a weapon (Brownmiller, 1975). Sex, too, is used as a weapon to inflict violence, humiliation, and/or conquest on a victim (Amir, 1971). Although the definition of rape has not changed in recent years, the prevalence of rape continues to increase. It is hard to glean true statistics of rape, because it is such a dramatically under-reported crime (Uniform Crime Reports, 1982).

The increasing incidence of rape is alarming to clinicians, whose services are often stretched to their limits. With the increase in rapes has come a focus on treatment of rape survivors, marked by the establishment of the first rape crisis center in Washington, D. C., in 1973 (Phirman, 1988). Since then, with the increase in rapes has come a parallel increase in need for therapeutic services, along with an acknowledgment of the seriousness of effects on survivors.

The trauma of the rape experience poses major crises in a woman's life. In a survivor's re-adjustment to living, she may experience a multitude of symptoms, beginning immediately following the rape, and

lasting up to months or years. From a counseling perspective, one can only believe that seeking and obtaining professional help will aid in the recovery process. Traditional therapeutic interventions will be discussed more in depth in the literature review section of this paper, as will the actual stages of rape recovery. A non-traditional intervention whose specific applications to this population have not been widely utilized nor researched, is a second focus of this paper.

Adventure-based counseling is among alternative therapeutic interventions which have become popular in the last three decades. This approach differs from the traditional in many ways. The most obvious difference is in the setting. Usually an adventure-based program takes place in the outdoors. Regardless of setting, though, the two elements common to all adventure-based programs are a break with familiarity and an element of risk and challenge (Simon, 1990).

Adventure, by its very nature, poses "a venture forth into the unknown" (Miles & Priest, 1990). As a society which places an emphasis upon structure, routine, and control, the unknown encompasses an element which is in some ways diametrically opposed to

our basic human routine. Adventure-based counseling does not adhere specifically to one model, but recognizes three aspects of the human experience: behavior (doing), affect (thinking), and cognition (thinking). Its primary goal is improving self-concept through elements of trust-building, goal-setting, challenge/stress, peak experiences, humor/fun, and problem-solving (Schoel, Prouty & Radcliffe, 1990).

This author believes that rape recovery can be effectively facilitated through adventure-based counseling. The subsequent section details aspects of rape response and recovery stages. Following, goals and objectives of adventure-based counseling are discussed, including historical and theoretical overviews. A case is made that adventure-based counseling is a potentially effective intervention strategy for rape survivors, and that rape survivors are a particularly appropriate target group for adventure-based counseling programs. Research on related programs is reviewed briefly. Finally, directions for research are discussed. A general proposal for an adventure-based counseling intervention for rape survivors is presented and outlined.

Literature Review

Researchers and practitioners have developed numerous theories and models of the rape recovery process, but most researchers agree that the process includes a series of stages (Burgess & Holstrom, 1974; Cerio, 1988; Green, 1988; McCahill, Meyer & Fischman, 1979). The early stage usually includes shock and denial, followed by an outward acceptance and return to normalcy. The process concludes with an integration of the total experience into the survivor's life.

In reviewing these theories, it is clear that rape is a devastating phenomenon; one which has a potentially long-term effect on how a survivor perceives and interacts both interpersonally and intrapersonally. It should be noted, however, that the recovery process is different for each survivor (McCahill, Meyer & Fischman, 1979). The stages discussed may be common to all survivors, but the length of each varies among individuals.

Reactions to Rape Trauma

Green (1988) identified two stages of the rape recovery process: the acute phase; which includes shock, disbelief, anxiety, guilt, and suppression of true feelings; and the recovery phase, which includes

depression, decreased level of functioning, anger, integration, and resolution. He also makes a comparison between elements of Post Traumatic Stress Disorder (PTSD) and the experience of sexual assault. The American Psychiatric Association (APA, 1980) defines PTSD as a severe stressor beyond the victims' prior experience, involving emotional and physical trauma, occurring without warning, and one which involves intentional cruelty and provokes guilt feelings. Symptomatic responses to PTSD include flashbacks to the event, major sleep disturbances, phobias, and guilt feelings.

Green also discusses rape in terms of a grief reaction, likening it to that of loss of a loved one. This particular phenomenon has been referred to by Burgess and Holmstrom (1974) as Rape Trauma Syndrome (RTS). The phases described are, in fact, similar to those of PTSD listed previously. Cerio (1988), too, discusses the work of Burgess and Holmstrom, specifically their research on the acute or immediate, and the long-term stages of rape victimization. That study drew further distinctions between survivors of stranger rape versus acquaintance rape.

Whiston (1981) approaches sexual assault through a

loss model. The loss occurring as a result of a rape experience is a loss of self-identity. This loss leads to feelings of guilt and self-blame over the incident, which are often inadvertently reinforced by the survivor's support network. Simultaneous losses of security and control accompany the self-identify loss, the roots of both being intense fear and vulnerability.

H.A.V.E.N's (a not-for profit human service agency in Pontiac, MI) program for rape survivors utilizes a model based on the three phases identified by Burgess and Holstrom (1974). The acute phase, which begins immediately to several days after the rape, includes characteristics identified in other acute phases. However, the model makes a distinction between a second, or adjustment phase occurring several days or weeks afterward, and the the integration phase, which does not occur until after the adjustment phase. The adjustment phase involves denial, resignation, guilt, and superficial adjustment; while the integration phase involves re-experiencing feelings about the rape, self-realization of the rape impact, and resolution.

Traditional Interventions/Implications

Many rape interventions focus on recovery from initial stages. Therapists often deal with rape

survivors who are in crisis, and the goal is usually to restore their pre-crisis level of functioning. Green (1988) discusses acute phase counseling in terms of goals and objectives. Some of the strategies involved are establishing rapport with the client, offering support, and validating her fear and other feelings.

Whiston (1981), operating from a loss model, advocates a several-phase process at the initial stage. This includes helping the survivor identify losses, exploring coping options, examining potential consequences of exercising those options, and integrating the full experience into the survivor's life.

Groth and Birnbaum (1979) believe that the circumstances of the rape such as the type of rape and type of rapist as having an effect on the recovery process. They also hold that the survivor's overall stability, in conjunction with her available support systems, are important in achieving her pre-crisis level of functioning.

Some of the most practical suggestions for counseling interventions at the later stages were extracted from H.A.V.E.N.'s volunteer training manual. They include developing the focus of the survivor's

concern, identifiying past and present coping strategies, designing tasks that facilitate self-esteem building, strengthening of support systems, confronting resistance and transference, and re-evaluating and adjusting the tasks and the survivors' level of responsibility for them.

These suggested counseling foci are ones that differ considerably from those of the crisis-stage goals. Whereby crisis intervention through traditional crisis counseling centers or mental health clinics may be the most suitable settings for early-stage rape survivors, later-stage survivors may have more options available through which interventions would be equally or more appropriate.

Adventure-based Counseling Interventions

Adventure-based counseling is a relatively new approach to therapeutic intervention. Many of its goals, such as identifying coping strategies and facilitating self-esteem, parallel those of counseling for later-stage rape survivors. Thus, adventure-based counseling may well be an innovative intervention highly appropriate to deal with the issues of rape survival.

History and philosophy. The earliest emergences

of outdoor education concepts took place in Europe, dating back to the late 1800s. In France, a French naval officer discovered and became committed to the value of "natural" exercises such as walking, running, crawling, and climbing (Rohnke, 1989). This training philosophy slowly became integrated into naval training in that country.

About the same time, in Germany, a young physical education teacher named Kurt Hahn suffered a severe sunstroke, leaving him disabled. With the help of one of his teachers, an inspirational mentor, Hahn was able to begin to view his struggle as an opportunity for growth and learning. He became a renowned headmaster of a school in Germany, and through his work within the confines of a traditional classroom, decided that a classical school curriculum simply did not foster the development of the whole child. World War II presented a great need for high-intensity survival training, and Hahn was called upon to develop and implement survival training programs for military seamen (Miner, 1990). Outward Bound, through Hahn's direction, became an educational entity and its first school began shortly thereafter. To date, Outward Bound has schools in England, Germany, Africa, Australia, New Zealand,

Canada, and the United States.

In the early 1970s, Jerry Pieh, son of the founder of a Minnesota Outward Bound school, recognized some of the obstacles facing potential Outward Bound clientele, such as cost, intensity, and duration (Schoel, Prouty & Radcliffe, 1990). It became his desire to bring the ideas back to the setting for which they were originally intended (i.e., education). Through his guidance, Project Adventure began.

Settings. Currently, the majority of settings employing Project Adventure activities and philosophy are educational facilities. However, in the past several decades they have also emerged within the realms of residential treatment centers, substance abuse facilities, school special needs departments, and psychiatric facilities (Schoel, Prouty, & Radcliffe, et al.) Whereby the original outdoor education facilities operated in wilderness areas, the components of unfamiliarity and risk have been transferred to these other settings. Within this structure, "students are forced to stretch their abilities and yield discoveries about self, society, and nature" (Rohnke, 1989). Rohnke (1989) proposed that adventure education can be integrated into a variety of curricula, including

counseling and therapy.

Considerations in facilitating an adventure-based counseling group experience. Adventure-based counseling, as evidenced by the variety of its settings, is utilized with equally diverse populations. Some aspects of consideration from a leadership perspective include ensuring common ground, facilitating group balance, identifying abuse potential, assessing cognitive and physical abilities, and measuring degrees of intensity (Schoel, Prouty & Radcliffe, 1990). Some of these can be considered during early stages of group formation, while others require ongoing evaluation.

Adventure-based counseling involves facilitating a series of exercises, over a period of several hours to several weeks. A very brief synopsis of the technique is to place the group into a situation of unfamiliarity and to challenge them to participate in the activities which will ultimately lead to successful outcomes. Activities could include overcoming a series of simulated obstacles, or real obstacles such as cooking outdoors or setting up a campsite.

When participants are placed in a new situation, they usually utilize familiar, practiced coping

strategies. Within the adventure-based counseling realm, those strategies are easily identifiable to skilled group facilitators and/or therapists. These often become the focus of debriefing or processing sessions that ideally accompany each activity. This processing is referred to as debriefing, and involves dealing with resistance, listening and observing, appropriately sequencing the debrief, and group termination (Rohnke, 1989).

Programs dealing with survivors of sexual assault. Effectively executing the debriefing stages outlined is critical to the success of the experience, particularly in therapeutic applications with sexual assault survivors. Appropriate group formation relies on extensive intake information to ensure that there will indeed be common ground; that is, that participants share similar issues. At the group termination end, helping to facilitate the "transfer" of the experience to the outside world is critical (Gass, 1990).

Such applications and subsequent research efforts have begun to be made with survivors of child sexual abuse (Brodeur & Welsh, 1988; Ford & Radosta, in press; Kimball, 1990; Radosta & Ford, in press). Programs dealing with rape survivors are far fewer. One such

program is in existence at the Colorado Outward Bound school (COBS) (Webb, in press). Designed as a three-day course for survivors of violence, separate groups are formed of survivors of rape, incest, and domestic violence.

The rape survivors' issues often include flashbacks, dissociation, control, anger/rage, fear, and trust. From the research conducted on the program, several results have been identified. The first study conducted by Oliver (cited in Webb, in press) found the program to help facilitate clients' insight and understanding, and to deal with fearful situations more effectively. Data obtained from the second study by Pfirman (cited in Webb, in press), indicated decreased fear levels, increased perception of personal power, and an increase in self-concept.

Summary

From a counseling perspective, the potential for applying adventure-based counseling concepts with rape survivor groups holds great promise. Since fear and trust are key issues that rape survivors grapple with well into their later stages of adjustment, the arena of adventure-based facilities seems more than appropriate, since these are also key issues related to

the challenges presented by elements of unfamiliarity and risk. One consideration is that survivors would be best suited for such a program after having worked through the initial stages of rape recovery. Such a program is most effective for participants who are willing, able, and ready for change.

Proposed Study

Introduction

Based on the preceding literature review, this researcher, along with a consultant group, designed a study to ascertain the effects of an adventure-based counseling intervention on a group of rape survivors. The target population is women (18 or older) who are beyond the acute stage of rape recovery and who are currently in therapy. A variety of issues, instruments, and research designs were considered in developing the study.

Measures

Among the symptoms of rape recovery beyond the acute phase are depression, anxiety, fear, self-esteem, self-blame, and loss of self-identity (which will be likened here to locus of control). Instruments designed to measure this abbreviated list were considered for use in this study. Considered were the

General Mental Index, the Profile of Mood States, the Modified Fear Survey, the Tennessee Self-Concept Scale, the Rosenberg Self-Esteem Scale, the Beck Depression Inventory, the Physical Self-Perception Scale, and the Levinson Locus of Control Scale. In addition, instruments designed specifically for the population which have not yet been widely utilized in research were considered, which might have been used to measure aspects of self-blame and self-concept. These instruments were not thoroughly researched due to their lack of established reliabilities. Because the goals of adventure-based counseling interventions include influencing participants' levels of depression, anxiety, and self-esteem, these issues were chosen as measures in the study. The instruments selected as measures were the Profile of Mood States (POMS) for depression and anxiety, the Rosenberg Self-Esteem Scale for self-esteem, and the Physical Self-Perception Scale for physical self-esteem.

Study Design

A number of research designs were considered in developing this study. All these were time-series designs in which the same group of subjects would be assessed at different points in the study. The first

was a multiple-baseline design in which two separate groups would be administered the same treatments and assessments, but the second group would have started later than the first. Due to the time limitations involved, this design was ruled out.

Another design was an alternating treatments, or reversal design in which a subject group of three-to-four (3-4) participants would have been treated as a single subject. They would have undergone multiple treatments, and been assessed at each. Some treatments would have been non-adventure-based, thereby establishing a baseline level of functioning. This design was ruled out for two reasons. Again, the time constraints were a factor. Secondly, such a small group might have inhibited the group dynamics aspect of such an intervention from having its full potential impact.

A third consideration was a simple pre-post, or repeated-measures design, wherein each subject would be assessed at each intervention, and serve as her own control. Several problems would arise from use of this design. Using the individual subjects as their own control would prohibit discernment of maturation, simultaneous treatment (on-going therapy), or

historical effectes. Secondly, testing effects could not be prevented nor accounted for. Finally, subjects might anticipate specific effects based on pre-conceived ideas of adventure-based or outdoor challenge programs.

In the interest of time as well as the pre-determined breadth of the study, a very preliminary, or pilot study, was designed. The information sought was mainly descriptive and qualitative rather than quantitative. Because recruitment was anticipated to be challenging, we decided to utilize a group of six-to-eight (6-8) subjects. Voluntary participation already introduced a bias. Due to a small number of anticipated respondents, randomization could not occur. No non-treatment group could be identified, nor could one be established due to ethical considerations of agency clientele. Finally, no matched control group could be found in the surrounding community. The descriptive information hoped to be gained would have consisted of direct feedback from the subject participants themselves regarding their experience in the program and how that affected them. This feedback was to be solicited verbally as well as via an Adventure-based Counseling Group Evaluation Form.

Further, some quantitative data would result from administration of the instruments discussed.

Recruitment. Four (4) service-providing agencies were identified on the campus and in surrounding communities that would most likely have clients dealing with issues of surviving rape. A cover letter was sent to directors of those units as a follow-up to an actual verbal request for referrals. They then disseminated the forms to their staff therapists. The cover letter explained the goals of the program, criteria for participation, and some basic logistical details. A referral form accompanied the letter. This was to be filled out by the referring therapist and returned to the researcher.

Screening. Subjects' therapists were expected to serve as the preliminary screening mechanism. All referred clients were to be telephoned by the researcher and a very superficial screening conducted. The purpose of this was to ensure that the subjects' limited understanding of the program, including its goals and requirements, was accurate.

Another screening was to occur at an initial meeting, during which all subjects would complete a packet of forms: a Background Information Form, a

Medical History and Physical Examination Record, a release of liability, and a Consent to Act as Human Subject Form. It was to be emphasized that participants were free to withdraw from the study at any point. It was to be announced at this meeting that participants would be contacted within the next few days and informed as to whether or not they had been selected for participation in the group. After the meeting, co-facilitators were to review all forms, focusing especially on background and medical information. Subjects who were deemed to have particularly high-risk emotional or medical issues would be removed from the group.

Program outline. Subjects would participate in a series of five (5) separate components. Components include an orientation/screening meeting, an initiatives phase wherein a series of group trust-building activities are facilitated, a second planning meeting, an overnight backpacking trip, and a follow-up process meeting. During each component, and particularly in the initiatives and overnight backpacking trip, extensive briefing and de-briefing would occur, meaning that all issues that arise will be thoroughly processed, including their relationship to

subjects' lives outside of the program.

Financial cost to participants was to be minimal. There was to be no fee for overall program participation. Participants would be responsible for the cost of their own food during the initiatives and overnight backpacking components. Backpacking equipment, including tents and sleeping bags, would be provided by group co-facilitators. Participants were to be responsible for their own transportation to and from designated sites. Liability waiver forms signed by subject participants would protect the sponsoring agency from liability in the event of accident or injury resulting from participation in the program.

Institutional Review Board (IRB). An Application for the Use of Human Subjects in Research was submitted to the IRB, outlining program components and other details. A Regular Consent to Act as a Human Subject Form which outlined program details, including risks and discomforts, potential benefits, and compensation/treatment for injury was to be explained to subjects during the initial screening components. The entire Study Proposal was submitted to the IRB.

In response, the IRB indicated that the original study was problematic in a number of ways (see

Appendix). Among the criticisms were that the study design was faulty and would not lead to sound statistical interpretation of results, and that both the referring therapists and participants would not be informed about the research nature of the project.

Modifications

After one month of recruitment efforts (but prior to the IRB response), no referrals were made to the Adventure-based Counseling Group. The research committee, in considering alternative recruitment strategies and target populations, decided to modify the existing proposal to provide a similar group experience to a group of women who wished to work on issues of self-esteem. The new program became entitled Women's Empowerment Group. Subjects did not have to be in therapy or referred by a therapist in order to participate.

Modified recruitment efforts included brief advertisements in five (5) area newspapers, posting fliers at agencies and college campuses as well as community bulletin boards, and class announcements. Results from this recruitment campaign were postive. Sixteen women were interested in participating in the group. Several responded to the newspaper ads, some to

class announcements, some to fliers, and some to encouragement from their therapists. The age of the women ranged from 22 to 46. Several expressed a particular interest in the outdoor aspect of the program. The majority of respondees expressed a desire to explore issues of self-esteem and body image within the perceived safety of a women's group. The self-reported physical fitness levels of the women ranged from very fit (working out several times per week) to minimally active (walking several times per week or being active on their jobs).

Problems

It was at this point that the IRB generated feedback regarding the study proposal. Despite that feedback, the second recruitment campaign's positive outcome indicates to this researcher that the desire of interested subjects to work on self-esteem warrants further modification of such a project.

Ideal Study: Women's Empowerment Group

Due to time limitations of the proposed study, coupled with the IRB feedback, it became impossible to further modify and execute the study in question. However, all parties involved in designing and coordinating the project benefitted greatly from the

information gained.

Introduction

Because of the interest generated from the proposed study's modified recruitment campaign, it is apparent that self-esteem, body impage, and personal control are issues shared by women of many walks of life. To indeed execute a study on effects of an adventure-based intervention on such issues would be of great benefit to the realm of therapy, if positive results were obtained. This section outlines an "ideal study" that, if successful, would contribute to the body of knowledge upon which therapuetic interventions are based.

Measures

Self-esteem, anxiety and depression are issues dealt with by many women. As indicated in the initial reviews of literature, these are issues akin to rape survivors. Evidenced by the respondees in the initial study, it can be assumed that these are also issues shared by women at large, regardless of precipitating factors. The three issues are all somewhat related, because they deal with a self-confidence in effectively handling self, personal relationships, and life situations. A fourth issue which is also related, is

locus of control, or whether someone perceives her life to be internally or externally controlled.

Based on initial research conducted during the proposed study portion of this project, the three (3) instruments selected for measuring the issues in question would still be appropriate. The POMS would be utilized for measuring depression and anxiety, the Rosenberg Self-Esteem Scale would be utilized for measuring general self-esteem, and the Physical Self-Perception Profile would be utilized for measuring physical self-esteem. Additionally, the Levenson Locus of Control Scale would be utilized for measuring participants' locus of control, since this is a related issue.

Study Design

An ideal study design would involve partipiation of two groups of subjects, a control group and a treatment group. Participants would be recruited through newpaper advertisements as well as posted fliers. They would be screened initially over the phone, and secondarily at a group meeting, during which they would be required to respond in writing to questions about their personal issues as well as their interest in the program. At this meeting they would be

informed about the research aspect of this program. They would be informed about the possibility that they might be screened out at any point of the program, in the event that either program facilitator assessed their personal issues to be beyond the scope of the group. They would be appraised of the physical risks involved with group participation. Finally, they would be informed that they may be randomly selected into either the treatment or the control group. The control group would receive no treatment at this time, but would be asked to complete instruments at that point as well as at the conclusion of the treatment group's program. They would be informed that they would, at the conclusion of that program, have an opportunity to participate in a similar program. The ideal study would include six (6) subject participants in each group.

Program Outline

The program would be identical to the one outlined in the Proposed Study section of this paper, as follows: Subjects would participate in a series of five (5) separate components. Components include an orientation/screening meeting, an initiatives phase wherein a series of group trust-building activities are

facilitated, a second planning meeting, an overnight backpacking trip, and a follow-up process meeting. During each component, and particularly in the initiatives and overnight backpacking trip, extensive briefing and debriefing would occur, meaning that all issues that arise will be thoroughly processed, including their relationship to subjects' lives outside of the program.

Financial cost to participants is to be minimal. There is to be no fee for overall program participation. Participants would be responsible for the cost of their own food during the initiatives and overnight backpacking components. Backpacking equipment, including tents and sleeping bags, will be provided by group co-facilitators. Participants are responsible for their own transportation to and from designated sites. Liability waiver forms signed by subject participants will protect the sponsoring agency from liability in the event of accident or injury resulting from participation in the program.

Likely outcomes

Based upon personal experience with adventure-based counseling and on supporting literature, it is likely that the adventure-based activities selected

specifically to address issues of self-esteem would have resulted in changes in participants levels of depression, anxiety, and self-esteem, including physical self-esteem (decreases in depression and anxiety; increases in self-esteem).

Because of an anticipated increase in self-awareness of participants as well as a sense of individual and group mastery, participants' self-esteem would be likely to increase, their levels of depression and anxiety would decrease, and their loci of control to begin a shift from external to internal. Due to the physical nature of an adventure-based experience, the sense of physical mastery would be likely to increase participants' levels of physical self-esteem, resulting in a more positive body image.

Personal professional observations of adventure-based interventions have included participants' self-proclamations of increased self-confidence, trust in others, and generally improved feelings of well-being.

Future Research Directions

As described in the initial literature review sections of this paper, adventure-based counseling interventions are utilized in a variety of settings

with diverse populations. Since it is an intervention that relies upon group dynamics, any groups with issues common to all individual participants are likely to be affected by adventure-based interventions. Overcoming physical challenges and obstacles through skill mastery and self-control are group goals that would likely lead to an increase in self-esteem.

In addition to rape survivors, groups of individuals that typically deal with self-esteem issues include domestic violence and sexual abuse survivors, at-risk youth, substance abusers, and physically challenged individuals. All these groups are similar to rape survivors in that they all have a perceived lack of control over their lives. In addition to self-esteem and locus of control, depression and anxiety are likely to be problematic issues.

To further research on adventure-based interventions it is beneficial to structure adventure-based program components in a variety of ways. One way is to integrate simulated perceived-risk activities into existing, traditional programs. A second way is to refer individuals or groups to specific adventure-based counseling facilities and/or programs.

With each of these potential interventions, it is

necessary to assess participants at different points during the intervention. Different research variables could be manipulated, and different factors assessed. Only through future experimentation with adventure-based concepts will we generate empirical data supporting their usefulness.

Practical Implications

Based upon existing literature of successful adventure-based counseling interventions and upon research forthcoming, we can assume that adventure-based counseling will find a righful niche. Whether that niche will be in the counseling or in the exercise psychology realm is as yet unknown. Perhaps the most appropriate place for it is as a bridge between the two. If this should occur, it will require cooperation on the part of individuals in both fields. This cooperation involves an acknowledgment of counseling professionals of the impact of physical well-being on the whole individual; and a reciprical acknowledgment on the part of exercise psychologist of the impact of emotional well-being.

Counseling

Counseling professionals working with any populations that deal with issues of self-esteem would

benefit from learning about the potential client gains from utilizing adventure-based concepts in their practices. One possibility is for counselors to integrate the adventure-based counseling concepts themselves. To brainstorm low-risk physical group activities could be as simple as introducing it as a group activity in and of itself. Resources on New Games and other non-competitive group activities are abundant. Even some traditional activites could serve the purpose, such as three-legged sack races, human pyramid building, or hide-n-seek games.

If counselors or their agencies do not deem themselves as having the appropriate expertise, exercise psychologists or other physical educators could be consulted. Perhaps program facilitators external to an agency could be contracted with to provide the appropriate adventure-based service. Finally, the information alone would enable counselors to make appropriate referrals to outside agencies whose purpose is to provide adventure-based counseling interventions as a supplement to on-going therapy.

Whether the adventure-based counseling interventions are structured internal or external to counselors' agencies or practices, it is important for

counselors to remain a part of them. This means to develop skills appropriate to debriefing the experiences for clients, even if the adventure-based counseling intervention was at a different site. The key is for counselors to process all aspects of the experience. How does what happened affect what will happen for the clients? What have participants learned? How do they feel about themselves as a result of the experience? The adventure-based challenge simulates real-life challenges, and the goal is that clients subsequently feel more equipped to handle them.

Exercise Psychology

Exercise Psychologists and Physical Educators are often likely to be in situations where they can identify self-esteem or related issues as relevant to populations for whom they provide direct (e.g., teaching) or indirect (e.g., consulting) services. To address these issues from a group leadership or developmental perspective is appropriate.

Professionals in this realm would be more likely to do so if they were aware of the potential benefit of adventure-based interventions. If intervention were deemed necessary at a therapeutic level, referrals should be made. A second and exciting possibility is

for exercise psychology and counseling professionals to team up, drawing on each others' expertise to provide comprehensive therapeutic adventure-based curricula.

Summary

Cooperation between counseling and exercise psychology developing toward including that acknowledgment of mutual benefit for clients would facilitate both-party teams. The exercise professionals could focus on actual technical instruction on the physical skills necessary to complete adventure-based activities and challenges; and counselors could be ever-present to brief, observe, and debrief groups.

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